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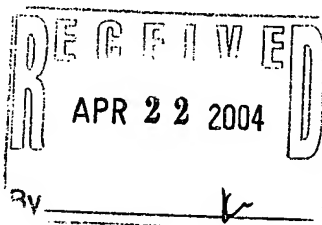
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/753,461	01/09/2004	3731	1022	<del>4737.2770000</del>	10	34	3

**PA1776 VS (1737.2770000)**

CONFIRMATION NO. 6424

28390  
MEDTRONIC VASCULAR, INC.  
IP LEGAL DEPARTMENT  
3576 UNOCAL PLACE  
SANTA ROSA, CA 95403

**FILING RECEIPT**

\*OC000000012399109\*

Date Mailed: 04/20/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Justin Goshgarian, Santa Rosa, CA;

**Assignment For Published Patent Application**

Medtronic Vascular, Inc.;

**Domestic Priority data as claimed by applicant****Foreign Applications**

If Required, Foreign Filing License Granted: 04/20/2004

Projected Publication Date: 07/14/2005

Non-Publication Request: No

Early Publication Request: No

**Title**

Ostium stent system

**DOCKETED**MDC 1084

RED BOOK \_\_\_\_\_

2nd Review \_\_\_\_\_

CorrectedFiling Receipt?5/20/04



Preliminary Class

623

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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PTO/SB/21 (04-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/753,461
Filing Date	January 9, 2004
First Named Inventor	Justin Goshgarian
Art Unit	3731
Examiner Name	Unassigned
Attorney Docket Number	PA1776US

Total Number of Pages in This Submission

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Corrected Filing Receipt;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Supplemental Application Data Sheet; Redlined
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of Filing Receipt; and Return Postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Catherine C. Maresh; Medtronic Vascular, Inc.
Signature	
Date	July 2, 2004

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kimberly Melvin		
Signature		Date	07/02/2004

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By: \_\_\_\_\_

Kimberly Melvin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/753,461	Confirmation No.:	6424
Applicant	:	Justin GOSHGARIAN		
Filed	:	January 9, 2004		
TC/A.U.	:	3731		
Examiner	:	Unassigned		
Docket No.	:	PA1776 US		
Customer No.	:	28390		
Title	:	OSTIUM STENT SYSTEM		

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

Applicant's submit a Supplemental Application Data Sheet and a Redlined copy of the Filing Receipt indicating a correction to the Attorney Docket No., which should read as follows:

PA1776 US (1737.2770000)

Reconsideration of this Application and entry of this Request for a Corrected Filing Receipt is respectfully requested. The undersigned can be reached at (707) 543-0221.

Respectfully submitted,

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